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SERIAL NUMBER 10/824,181	FILING DATE 04/13/2004 RULE	CLASS 714	GROUP ART UNIT 2133	ATTORNEY DOCKET NO. CISC372/7752																								
APPLICANTS Mukul Chawla, San Jose, CA; Sarang Wagholikar, Santa Clara, CA;																												
** CONTINUING DATA <i>none</i> ** FOREIGN APPLICATIONS <i>none</i>																												
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/24/2004																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Foreign Priority claimed</td> <td style="width: 10%;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="width: 25%;">STATE OR COUNTRY</td> <td style="width: 10%;">SHEETS</td> <td style="width: 10%;">TOTAL</td> <td style="width: 10%;">INDEPENDENT</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td>CA</td> <td>DRAWING</td> <td>CLAIMS</td> <td>CLAIMS</td> </tr> <tr> <td>Verified and Acknowledged</td> <td>Met after Allowance</td> <td></td> <td>14</td> <td>28</td> <td>4</td> </tr> <tr> <td colspan="2"> Examiner's Signature _____ Initials _____ </td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	CA	DRAWING	CLAIMS	CLAIMS	Verified and Acknowledged	Met after Allowance		14	28	4	Examiner's Signature _____ Initials _____					
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ADDRESS 022434 BEYER WEAVER & THOMAS LLP P.O. BOX 70250 OAKLAND, CA 94612-0250																												
TITLE Forward error correction in packet networks																												
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit																		
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